

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/918,127	FILING DATE		
						APPLICANT(S)			
10-21-04						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1	1				51	4	3	
2	1	1				52	4	3	
3	1	1				53	4	3	
4	1	1				54	4	3	
5		4	4			55	4	3	
6		4	4			56	1	2	
7		4	4			57	1	2	
8		4	4			58	1	2	
9		4	4			59	1	2	
10		4	4			60	1	1	
11		4	4			61	1	1	
12		4	4			62	1	1	
13		4	4			63	4	4	
14		4	4			64	4	4	
15		4	4			65	4	4	
16		4	4			66	4	4	
17		4	4			67	3	3	
18		4	4			68	3	3	
19		4	4			69	3	3	
20		4	4			70	3	3	
21		4	4			71	1	1	
22		4	4			72	1	1	
23		4	4			73	1	1	
24		4	4			74	1	1	
25		4	4			75	1	1	
26		4	4			76	1	1	
27		4	4			77	1	1	
28		4	4			78	1	2	
29		4	4			79	1	2	
30		4	4			80	1	2	
31		4	4			81	1	2	
32		4	4			82	4	4	
33		4	4			83	4	4	
34		4	4			84	4	4	
35	1	1	1			85	4	4	
36	1	1	1			86	4	4	
37	1	1	1			87	4	4	
38	1	1	1			88	4	4	
39	1	1	1			89	1	4	
40	4	4	4			90	1	4	
41	4	4	4			91	1	4	
42	4	4	4			92	1	4	
43	4	4	4			93	1	4	
44	4	4	4			94	1	4	
45	4	4	4			95	1	4	
46	4	4	4			96	1	4	
47	4	4	4			97			
48	4	4	4			98			
49	4	4	4			99			
50	4	4	3			100			
TOTAL IND.	4					TOTAL IND.	4		
TOTAL DEP.	271	1	1	1	1	TOTAL DEP.	297	1	
TOTAL CLAIMS	96					TOTAL CLAIMS	301		

Total chargeable = 275\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS